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ABSTRACT

Health professionals and educators should develop their abilities to educate about death and to comfort the bereaved. Due to lower death rates, the lack of philosophical religious views, and distorted perceptions of death contributed by television, death has become a mystery instead of a segment of the common experience. Particularly when a child dies, the death may provoke feelings of shock, guilt, and anger on the part of parents, siblings, and peers. While there is individual (and perhaps cultural) variation in acquiring insight into death, research shows that, generally, preschool children see death as a temporary situation and that children from 5 to 9 years of age may view death as a personification, such as an angel or a skeleton. Children do not consistently perceive death as inevitable, final, and universal until the age of 9 or 10. Freud and Maslow suggest that anxieties about death can be better dealt with if they are discussed. Children should be taught about death by drawing on experiences from daily life and the cycles of nature. Resource organizations and literature on dying and death are available to help health professionals, educators, and counselors learn to listen sympathetically, comfort, and educate parents and children who are dealing with death. (CB)

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CHILDREN AND DEATH

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CHILDREN AND DEATH

Two of the words which form the title of this article seldom appear in conjunction with each other. In the psyche of many individuals outside the helping professions, it is somehow inappropriate or antithetical to have the word death in a sentence which contains the word children. A child in present day America is supposed to be young, vibrant, alive and she/he should be filled with hope and gifted with a probable prolonged life expectancy 73.6 years as of 1980 for the total population).[1] Is there any doubt why people rarely associate death with children?

In George Washington's era, the average length of life was 29 years. The high incidence of infant and maternal mortality coupled with a short life expectancy made death a familiar fact of life for children. Many of their peers and loved ones suffered an early demise. The present death rate in the United States (around 8.6 per 1,000 population in 1982) is near the lowest level ever recorded. Modern medical sciences has vastly improved infant and maternal mortality rates. Birth and death are no longer on such intimate terms.

Death rates for many in the helping professions beyond the realm of clinical medicine have become concepts to read and theorize about rather than facts to be routinely faced. Death has becomes a mystery instead of a segment of the common experience. It is unusual for a child past the age of one year

to die in America. The uniqueness of the event is precisely why people are unprepared for the tragedy if and when it does occur. In an ironic paradox, medical science's success in its war on death has, by the nature of its victory, made the infrequent child fatality in the war against death all the more difficult to handle. By making a child's death an unusual event, medicine has, in an unforeseen way, made it frightening and in some ways guilt ridden. Bereaved parents often ask, Why did this happen to our child? What did we do wrong? How could this happen? Why are we being punished?

The lack of strong conceptual creeds and philosophic religious views with which to transcend the crisis greatly affects the prevailing concept of death. Philosophical or religious belief in a hereafter can provide support to bereaved parents. However, death in some circles is no longer viewed as a passage to eternity, but rather as a barrier, wall or the unknown. A bleak, abrupt cessation of life. The deritualization of grief related to criticism of the funeral industry leaves many survivors facing dying and death devoid of the solace these practices provide. Dying, death and bereavement have become lonely experiences. The openly expressed empathy of family, friends and health professionals may be limited. Instead of helping people resolve their grief by "talking it out," death is a forbidden topic, avoided by people who feel awkward at its mention. Bereaved individuals are expected to recover within a

month or two, even though mourning in most of us lasts for at least a year after the death of a loved one.[4] It has not always been this way.

In Colonial America, parents expected to lose children. It was more the rule than the exception to experience the death of a child in a family. Learning how to cope with the death of a child was an important and acknowledged task of learning to be a parent. Family, friends and society at large viewed the death of a child as a regretful, but natural normal event. The pain of grief was no less intense than it is today, however, more people could empathize with the bereaved parents. The present intense aura of the feared unknown was absent or at least less pronounced. The extended family structures which existed provided a support network which helped parents during anticipatory grief periods, during the acute stages of grief, and with the bereavement and recovery process. Child death occurred in many families and thus families less often perceived the tragedy as a form of punishment. The death of a child did not fill parents or surviving siblings with guilt or fear. It was something that happened to many and therefore not unique but rather a crisis to be overcomed.

As medical science advanced, greatly improving life expectancy, death, although the ultimate reality, became socially denied. Death, until relatively recently, became a topic which was

shunned for many years in America. As a subject, death although present in art, literature and music was deleted from the mainstream of daily life. It was avoided as a topic of conversation. Death scenes in the home, particularly of children, became uncommon and, if portrayed at all, tended to associate death with the aged, war or freak accidents.

Television has contributed to a perversion of young people's perception and concept of death. Children viewing their favorite programs have seen death as a T.V. land phenomena. Principle characters rarely die, and even if they do, reruns or other programs bring the actors back to life. The finality of death is grossly distorted. Today's television watchers overtly or covertly received erroneous concepts of death.

Many adult viewers failed to grasp the fact that the film clips of Jack Ruby shooting Lee Harvey Oswald were real and not staged. Where did this leave the children who were watching? People witness scenes of war and natural disasters such as earthquakes and hurricanes on television often. These actual death scenes on news broadcasts have in some instances created an impact, but more often, they have been viewed by children and adult viewers as just another television program.

Not many children die and not many children are bereaved. When these events do occur they are often perceived as isolated

instances. The death of a mother, father or sibling does happen to approximately 5 percent of the children before they reach their twentieth birthday. For this unfortunate minority, death is a hard fact of life. One which may have to be faced and dealt with while well-meaning but uncomfortable "friends," maintain a conspiracy of silence.

The majority of modern American children, unlike their colonial ancestors, have little personal contact with death during childhood, or so a person might think. National leaders die or are assassinated; funeral processions pass; planes crash; the seasons change; cemeteries and funeral parlors are located in communities; pets die; fatal traffic accidents happen every day. Yet the conspiracy of silence is deafening. Parents avoid talking to children about death and in schools it is rarely covered as a topic. This leaves children in a void.

Children are often excluded from hospitals and funeral parlors. As a result, they are not properly socialized concerning the death of loved ones and are not given the opportunities to work through their grief associated with death. Children need to be able to express their feeling and fears in a manner which is appropriate to them. Children may mourn in ways different then their parents and other adults, but this does <u>not</u> make the process wrong and it should not be socially showed.

Shielded children do not remain children forever. Death for these children (future adults) is an unknown, and as such creates anxiety. Death becomes something to be feared. The physiological and psychological processes of maturation do not prepare children to cope with the fear of death (thanatophobia). Experience is a harsh, demanding teacher particularly if as is the case today an individual is to learn the experience in unusual surroundings as in a hospital. Death lessons are difficult to master, especially without prior preparation and situational support. It need not be that way.

Freud singled out sex instincts as being the most salient of the life instincts for the development of personality. He also identified death instincts (Thanatos) which he considered to be biologically rooted and as such, present from birth. Freud believed the death instincts to be as important as the life instincts (EROS) in determining the behavior of an individual. Agreeing with Schopenhauer, Freud claimed that "The goal of all life is death." He believed that every person has an unconscious wish to die.[5]

If Freud's insights into the human psyche are correct concerning sex and death, then there are ways of learning to cope with death related anxieties. Some of these ways are of a propaedeutic, cognitive nature, others are related to the affective domain. Death education is as important as sex

education. The unfamiliar, the mysterious, the vaguely perceived and the unexpected are apt to be threatening. Death can be all of these, particularly if it involves the death of a child or a parent. Death is a topic about which we all have a need to know, yet have a fear of knowing. To debunk one's anxieties concerning death, to render them familiar and to a degree manageable and controllable, we must, as Maslow believes, learn to face our fears. To know our anxieties and to understand them is to cope with them.[6] Death need not be a morbid topic, suppressed, "forgotten," feared and ignored. It is a topic which, through knowledge and understanding, becomes meaningful and manageable. By studying death we learn about life. As Scott stated, "Is death the last sleep? No, it is the last final awakening."[7]

Discussing death is almost chic in the decade of the 1980's. Courses created by "instant experts" fill a curricular gap in secondary schools, colleges and continuing education institutions of America. On the surface, this increased dialogue about a critical topic is seemingly healthy, however, it may be, as Avery Weisman has suggested, that we are not more accepting of death these days, it is just more difficult to hide from death.

The death of a child is an overwhelming experience particularly for the parents. It is an extraordinarily complex occurrence.

The event is emotionally viewed by the participants from diverse perceptives. Each involved individual has his or her own grasp of the concept of death. The death of a child involves the dying child, parents, siblings, extended family members and friends. Each individual has common and unique needs and beliefs during the crisis. This sometimes prevents one from comforting other loved ones.

The death of a couple's child, regardless of the causative factors, places strain on the marital relationship. Feelings of guilt, blame hostility, insecurity, hopelessness, fear and anger can destroy a marriage. Each partner may blame themselves or their mate with or without reasonable cause. Both individuals are forced to expand psychic energy dealing with their own grief, bereavement and recovery processes. This depletes their ability to assist and comfort their mate at a time of dire need. What is needed by one parent during the emotional crisis may be contraindicated for their mate. Whose needs are to be met first? Who should be the stronger? Answers are not readily available and, when they are, are not always satisfactory for all of the parents involved.

The death of a sibling, classmate or casual friend causes emotional upheaval in most children.[8] If the survivor ever wished evil upon the deceased, guilt feelings may create difficulties. Children are often deprived of the right and

opportunity to work through their grief. Unlike many other things, grief does not go away because it is forgotten or suppressed. Fear that they may be next or lies told by well-meaning adults (God loved so and so and that is why he took them) can confound the problem. Children must learn about death if they are to face it.

CHILDREN'S PERCEPTION OF DEATH

Thanatology experts have postulated many theories dealing with a child's concept of death. No general consensus has been reached. Most developmental psychologists believe a child's concept and view of death varies significantly from that of an adult but they do not agree on how. Many adults have an immature (child like) concept of death and this complicates matters. Kastenbaum and Aisenberg believe that infants prior to 2 years of age do not comprehend death. They have written that 2 year old children perceive death as a form of absence similar to something being present one moment and gone the next. Children from ages 2 through 5 years see death as a temporary situation, something somewhat synonymous with sleep. At ages 5 through 9 children view death as a personification, such as an angel, a skeleton, the grim reaper or as a bogeyman. It is not until age 10 that children perceive death as inevitable and final. At this age Kastenbaum and Aisenberg believe children begin to really understand their own mortality.[13]

Adam Maurer has argued that infants 6 months of age already have an active mental orientation towards being and non-being. He cites the delight infants take in playing "peek-a-boo" as proof.[9] Although Maurer does not assume that young children are thinking about death as adults know it, the child's fondness for playing with appearances and disappearances is a rudimentary step in the process of learning about mortality and death. Sylvia Anthony and others have concluded from their studies that death related thoughts are common in children.[10] Children's games reflect concerns for and thoughts about death. After all, just what does, "ashes, ashes all fall down," connote?

Marie Nagy in her classical study of postwar Hungarian children and death investigated the perception of death by children ages 2 through 10 years. By examining compositions and pictures, and having discussions with her subjects, Nagy theorized that children progress through <u>three</u> successive stages of comprehension.

<u>Stage one</u> contains no definitive death. Death is considered temporary, not a final process. A child is curious about death but death is viewed as a state similar to sleep. In their minds the "sleeping dead" are not devoid of sensations. The child cannot separate death from life. To die means the same as living, but under changed, limited circumstances. The concept of separation between the living and the dead is understood.

Many children believe the dead live on, in their coffin, buried in the cemetery. The dead breathe and take nourishment but are confined to their grave. This perception of limitation results in an aversion to death.

A child personifies death during stage two of Nagy's progression. Although the conception appears in all ages of the children studied, it is most characteristic of children ages 5 through 9 years. Death is considered an eventual and final, but not a universal phenomena. The child accepts the existence of death and its definitiveness, but views it as someone who does it rather than a process which takes place in us. Since death is outside of the individual it is remote and avoidable. Only those whom the death man catches and carries away die, others can escape.

Children aged 9 and thereafter recognize that death is the cessation of corporeal life and a process which is final and universal. This is the third and final stage according to Marie Nagy. A child at this stage comprehends that death is inevitable and that it will occur to them.[11]

The university of Nagy's and Kastenbaum's findings have been questioned. The influence of culture and variations within cultural groups may affect a child's perception of death. McIntire, Angle and Struempler, in studying the concept of death

in Midwestern children, discovered that American children between the ages of 5 and 9 did not predominantly personify death.[12] The question of whether or not the personification of death is beneficial is still yet to be answered.

The dawning of awareness concerning the inevitability and universality of death occurs at different ages in children depending upon their intellect, level of maturity and experiences. A child's personal orientation toward and insight about death can be of a temporary nature. Kastenbaum has suggested that:[13]

> "children are likely to find the impact of death realizations too powerful to sustain in conscious thought on a thorough-going basis...a child can show a keen grasp of death's essence from time to time - yet behave more typically as though death were reversible..."

Some children may have an advanced conceptual network in terms of death. They may grasp the concept but be deficient in the language arts to express their thoughts appropriately. Communication among children is somewhat different than it is among adults. It is quite possible that selective children do grasp the critical aspects of death and its related concepts far better than adults do. Precocious children may sense adult uneasiness when they ask a question or begin a discussion about death and therefore not pursue the topic.

It is also possible that the "self-fulfilling prophesy" has much to do with low adults view the developmental processes of children regarding death. Dr. Edwin S. Schneidman and many others have raised questions about the psychological stages of dying which Dr. Elizabeth Kubler-Ross has delineated based on her work with terminally ill patients in a Chicago hospital.[13] In a similar vein, many children may not progress along a chronologically developmental path while learning about death. Children aged 3 vary physically, emotionally and intellectually. It is essential to appreciate the differences when acquainting a child with death. Teachable moments occur at the most unforeseen times and there is no surefire, cookbook recipe for acquainting children with death. When they arise, capitalize upon them to the best extent possible by beginning an open dialogue on the subject.

TEACHING CHILDREN ABOUT DEATH

Furman, in his book A Child's Parent Dies, states that the death of a loved one should not be the child's first learning experience with death. Ideally, it is highly unlikely that the death of a loved one should be a child's first experience with death.. It is in all too many cases, unfortunately, the first time the topic of death is openly discussed or dealt with in front of a child. In surveying the professional literature one repeatedly reads that the death of a pet is an ideal opportunity

to acquaint a child with the facts of death. Is it? Children form close emotional attachments to their pets. The death of a pet may not cause perdition, but it is a tragedy in the life of a child. Other teachable moments occur in daily life which are less emotionally threatening and far better suited as a starting point.

A learning experience concerning death could be initiated by talking about flowers which grow in spring and summer, only to be recycled in the fall and winter seasons. Toys have "life expectancies." When they break or are outgrown and are to be discarded, what is said to the child? Most of us in affluent America eat daily. From where do the vegetables, meat an fish come? House plants do not always enjoy longevity. When one dies an excellent opportunity exists to discuss the life/death cycle which is usually emotionally non-threatening. Nature with its indigenous cycles of plants, insects, animals and seasons provides many natural examples which can be used to broach the topic of death with a child.

It is indeed unfortunate that, like the health delivery system in America which is crisis and rehabilitation oriented, parents and schools in the nation frequently fail to educate children about death until one is imminent. A child who is not acquainted with the concept of death prior to the demise of a significant other the various facts of death, a non-prepared,

bereaved child is expected to master the lessons of finality, grief, bereavement and "proper" modes of mourning in an impossibly short time.

SUGGESTIONS FOR HEALTH PROFESSIONALS

Concerned professionals in all segments of the health delivery system can, despite differences, assist parents and children in dealing with death. Listen to clients carefully and do not avoid the subject of personal death. Discouraging the emotions of grief through the use of tranquilizers or other avoidance techniques is often not beneficial. Doubts and differences of opinion are valid and natural. No one has ever pierced the veil of death, so no one person or school of thought has the "right answers." Honesty, especially with children, avoids the inculcation of erroneous information which must be contradicted in the future. Supportive personnel are available and useful only if they receive referrals.

When talking about a topic such as death, strive for communication and mutual understanding. It is not the opportune time to exercise an erudite vocabulary. True it is important to be professional, however, functional empathy is sometimes more appropriate than the omniscient medical mystique image. Remember the manifestations of grief take many forms. Psychosomatic illness, anger, guilt, denial, and despair are reactions you may have to recognize and deal with.

For neophyte death educators/counselors seeking development opportunities, a number of resource organizations exist: The Thanatology Foundation in New York City; The Center for Death Education and Research, University of Minnesota; and the Forum of Death Education and Counseling, Arlington, Virginia.[15]

For interested readers wishing to stay informed and up to date, periodicals on dying and death are available: Death Education, Omega, Essence and Thanatos. Books far too numerous to list are available and new ones are frequently being published. Numerous opportunities and avenues abound to better prepare members of the helping professions who personally and professionally are confronted with clients struggling to come to grips with their own mortality or that of a dying or deceased child. Help is there, if you desire it.

Recovery from bereavement and the reintegration into a productive life takes time. Being a good, supportive listener helps. There is no established time table for recovery. Remember, when dealing with someone who needs your help, that you too are human and have to make peace with death yourself. Feeling awkward when trying to help someone who is confronted with a death related crisis is nothing to be ashamed of, it is a "natural reaction." Share your anxieties with the patient, client or child. This self disclosure may assist the communication process and help both the bereaved and the member of the helping profession.

Despite tremendous increase in life expectancy since the days of George Washington, (presently estimated to be around 74.5 years) the final encounter remains inevitable for all of us. As medical science continues to advance, the incidence of child death will become more unusual and perhaps more guilt and anxiety ridden. The world would be a better place in which to live if health professionals improved their abilities to comfort, console and educate all who, through circumstances beyond their control, are compelled to deal with some aspect of a child s death. Do you the reader feel equipped to comfort a child or an adult who has lost a loved one? If not, when are you going to do something about this gap in your personal and professional competence.

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